

**Consent Form and Questionnaire for  
BAER Test and/or DNA Sample Collection**

Owner's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Dog's Name: \_\_\_\_\_ ABCA Registration Number: \_\_\_\_\_

Dog's date of birth: \_\_\_\_\_ Gender: Male Female / Intact Neutered

This dog is currently (check one):  hearing normally  hard of hearing  deaf

If now deaf, at what age did you first notice hearing deficit? \_\_\_\_\_

Has this dog ever been BAER tested before?  Yes  No

If yes, please give details (date, location, tester, results): \_\_\_\_\_

Have any immediate relatives (sire, dam, progeny, littermates, full or half siblings) of this dog been diagnosed with early adult onset deafness (EAOD)?  Yes  No

If yes, please give details: \_\_\_\_\_

Is this dog affected by (please mark with an A), known to carry (please mark with a C), or tested normal for (please mark with an N) any other disease or disorder thought to be inherited?  Epilepsy  Hip Dysplasia  CEA  IGS  TNS  
 Other \_\_\_\_\_

Has this dog had one or more distinct episodes of abnormal posture, gait, disorientation or collapse that occurred during or immediately after exercise or excitement?  Yes  No

Has the ABCA HEF collected DNA from this dog at any other time in 2016 or later?  Yes  
 No

\* \* \* \* \*

I consent to the provision of the above dog's BAER test results, and the above dog's pedigree, to the ABCA Health & Education Foundation, Inc. (HEF). I understand and agree that the above dog's DNA sample, BAER test results and health questionnaire will be retained by the HEF and may be used for health and genetic research. I further understand that none of the health information or test results will be disclosed to any outside person other than the dog's owner in any form which would permit them to be connected with any individual dog.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

=====

BAER date \_\_\_\_\_ BAER tester \_\_\_\_\_ DNA sample date & type \_\_\_\_\_